Central West **LHIN**
RLISS du Centre-Ouest

Better Access, Better Quality, Better Care Closer to Home

2011/2012 Annual Report

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Message from Board Chair & CEO

Marla Britto, Board Chair

On behalf of the Central West LHIN, we are proud to share the 2011-2012 Annual Report.

The Report outlines the considerable progress made by the Central West LHIN over the past year and details some of the challenges that helped foster improvements. 2011/2012 saw growth in many areas as the LHIN continues to move forward into its seventh year.

Mimi Lowi-Young, CEO

Knowing that the Central West LHIN has the most diverse communities in the province, we understand that local decisions must be made to respond to local needs. We continue to work with providers in our health care system to improve access to quality care for local residents in all communities across the LHIN. It is important that health care needs of our community are identified, coordinated and addressed as a truly integrated system.

In this report, we are pleased to showcase the numerous integration programs that the Central West LHIN has developed in partnership with local Health Service Providers.

For example, under the Behavioural Supports Ontario (BSO) project the LHIN developed a network of BSO professionals to work together across the system to provide better care for seniors with complex behaviours. 21 Long-Term Care facilities and six community agencies will work together to serve residents and expand the knowledge of BSO professionals in the LHIN.

Integrating patient information has been high on the list of priorities with the rollout of programs such as the Community Services Provider (CSP) portal and the Community Care Information Management (CCIM) program. Both systems allow HSPs to share information to provide a more seamless level of care for residents.

We've also added new services through ALC (Alternative Level of Care) community investments. The objective is to increase services in the community to free up hospital beds that may be occupied by someone who would be better cared for in the community.

Through the Aging at Home strategy the Central West LHIN continues to fund over 47 programs serving 20,000 seniors. Improved access to health services enables seniors to live in the comfort and dignity of their own home and allows them to lead healthy and independent lives while avoiding unnecessary visits to hospitals. Ultimately, access to alternative services can reduce emergency room (ER) wait times.

Diabetes is also of particular importance in the Central West LHIN because we have one of the highest rates of diabetes in the province and the rate continues to increase steadily. Currently we have 11.5 active diabetes education teams, the Regional Diabetes Coordination Centre and the Centre for Complex Diabetes Care.

This past year we worked to understand how to improve health care access for our diverse communities. Through a health equity survey and health equity forum with Health Service Providers, we learned that there is work to do in improving health care services to all communities in the Central West LHIN.

Plans for the redevelopment of the Peel Memorial Hospital site moved significantly forward with the site demolition in February 10th. When the new Peel Memorial Centre for Integrated Health & Wellness opens it will offer urgent care, ambulatory care and outpatient clinics focused on women and children, seniors, and mental-health services.

At Headwaters Health Care Centre, we supported the review for the redevelopment of ambulatory services and continue to work with Headwaters on this capital project.

At Etobicoke General Hospital, $8.6 million has been slated for the priority infrastructure and upgrades project. Site improvements include renovations to the day surgery and diagnostic cardiology areas. The work began in the summer of 2011, and was completed this past May.

Indeed we have had a busy year with many achievements. Asking and listening to our communities has resulted in a much improved system that provides access to services to meet the unique needs of local residents. We look forward to seeing more success as we move into a new year.

Sincerely,

Maria Britto
Board Chair of the Central West LHIN

Mimi Lowi-Young
CEO of the Central West LHIN

Population Demographics

The Central West LHIN serves the communities of Brampton, Caledon, Dufferin County, Malton, Rexdale and Woodbridge. The community represents 6.8% of Ontario's population, serving a diverse and growing population of approximately 876, 000 people. The LHIN has experienced unprecedented growth as the population grew by 19.2% from 2006 to 2011, which was one of the highest amongst all LHINs and higher than the Ontario growth rate of 5.7%. The population of the Central West LHIN is expected to grow by 25% between 2006 and 2016.

Map of the Central West LHIN

The Central West LHIN has a highly ethno-culturally diverse population, with 46% identified as newcomers and over 50% as visible minorities. A population characteristics breakdown indicates that the major ethnic groups in the Central West LHIN are South Asian and Black. This rich diversity requires that health services be sensitive with respect to language barriers and cultural beliefs, and focus on preventing and treating diseases that are frequently seen in these populations.

Community	Population	% of the Population
Brampton	523,911	59.8%
Caledon	59,460	6.8%
Dufferin	56,881	6.5%
Malton	48,196	5.5%
Rexdale	151,042	17.2%
Woodbridge	36,804	4.2%
Central West LHIN	**876,294**	**100%**

Health Population Profile

The population of the Central West LHIN is younger compared to the province's total population and the lowest among the 14 LHINs. The average age of the Central West LHIN in 2006 was 34.9 years, and for Ontario it was 39 years.

Programs Funded

The Central West LHIN funds 53 health service programs with $809 million.

Programs include:

- Two Community Health Centres with three satellite locations
- One Community Care Access Centre
- Two hospital corporations
- Nine mental health and addictions services
- Twenty-four Long-Term Care facilities
- Fifteen Community Support Services

Board Members

Maria Britto, Board Chair
June 9, 2011 - June 9, 2014

Lorraine Gandolfo, Member,
Oct. 27, 2010 - Oct. 26, 2013

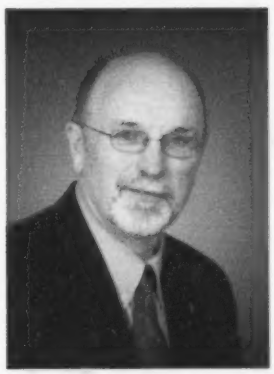
Suzan Hall, Member
May 17, 2011 – May 17, 2014

Winston Isaac, Member reappointed
Jan. 13, 2012 – Jan. 12, 2015

Gerry Merkely, Member
June 17, 2010 – June 16, 2013

John McDermid, Member
June 9, 2011 – June 9, 2014

Pardeep Singh Nagra, Member
June 9, 2011 – June 8, 2014



Ken Topping, Member
Oct. 6, 2010 – Oct. 5, 2013

Emily Tan, Member
July 8, 2010 – July 7, 2013
(Resigned effective March 31, 2012)

Engaging the Central West LHIN Community

Community engagement is one of the core founding principles on which the LHINs were established. The only way to understand the needs of local communities is to ask and listen. In 2011/12, the Central West LHIN undertook several community engagement sessions to gather input and feedback on the health needs of residents. They are:

Women and Children's Group

Seven focus groups with women from across the LHIN were held in an effort to understand the health care needs of local women and children. At the sessions, women were asked the following questions: What is working well? What are the high priority needs of women living in the area? What can be improved?

Groups engaged by the LHIN included:

- South Asian all age groups partnering with India Rainbow
- Cooking Club & High School Group at Rexdale CHC
- Seniors Program partnering with Rexdale CHC
- Pre and Postnatal Program partnering with Rexdale CHC (2 sessions)
- Francophone Women planned with Reflet Salvéo, the French Language Services (FLS) Entity
- Women in Orangeville and surrounding areas, partnering with Headwaters Health Care Centre
- Women in Shelburne partnering with the local Ontario Early Years Centre

Information from the sessions will be used to inform the Women's and Children's Core Action Group on setting priorities to better meet the needs of women and children within the Central West LHIN.

French Language Survey

In early 2011, the Central West and Mississauga Halton LHINs, in collaboration with the Centre de services de santé Peel et Halton Inc., conducted a French Language Services Assessment Study and Needs Survey.

The questionnaire, available in print form and online, was sent out via multiple local and provincial email lists, advertised in newspapers and libraries, and shared by health service providers, community partners and other stakeholders. A total of 20 focus groups were also conducted to assist in collecting responses.

The results of the study have been shared with Francophone community groups, committees and schools over the past year, and will be used to support the planning and integration of French language services moving forward.

Governance to Governance

Successful integration starts at the governance level. The Central West LHIN Board of Directors meets regularly with the Boards of Health Service Providers in the LHIN to build a community of governors that will develop transformational leadership at the governance level.

At regular Governance to Governance sessions, Health Service Providers work closely together to explore opportunities to improve integration in the health care system, and enhance the quality and accessibility of services.

In 2011-2012, the Central West LHIN Board held three Governance to Governance sessions. Topics covered during these sessions included:

- Excellent Care for All Act
- Moving Integration Forward
- Better understanding our Health System - Priorities and Roles
- Patients, Clients, Customers, Residents, Families, and System Governance and Integrated Client Care – An Innovation in Ontario

Moving forward, the Governance to Governance sessions will be held in clusters so Health Service Providers can work more closely with colleagues in their geographic area.

LHIN Performance Indicators

The Central West LHIN is accountable to the Minister of Health and Long Term Care through the Ministry/LHIN Accountability Agreement (MLPA). The MLPA sets out priorities and targets that the LHIN strives to fulfill. Here are the Central West LHIN's performance results for 2011/2012. (Q1-Apr.-June, Q2-July-Sept., Q3-Oct.-Dec., Q4-Jan.-Mar.)

	Performance Indicator	LHIN 2011/12 Starting Point	LHIN 2011/12 Performance Target	Most Recent Quarter 2011/12 LHIN Performance (Q4 – Jan – Mar unless indicated)	Percent from Target for Most Recent Quarter Result*	2011/12 LHIN Annual Result
Emergency Room/Alternate Level of Care						
1	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution***	9.55%	9.46%	10.44% (Q3)	10.3%	9.69%
2	90th Percentile ER Length of Stay for Admitted Patients	30.63	26.50	43.10	62.6%	37.20
3	90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	8.72	8.40	7.53	-10.3%	7.85
4	90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	4.23	4.00	3.85	-3.8%	3.78
Surgical Wait Times						
5	90th Percentile Wait Times for Cancer Surgery	61	57	58	1.8%	54
6	90th Percentile Wait Times for Cardiac By-Pass Procedures	NA	NA	NA	NA	NA
7	90th Percentile Wait Times for Cataract Surgery	99	90	225	150.0%	164
8	90th Percentile Wait Times for Hip Replacement	171	171	209	22.2%	189
9	90th Percentile Wait Times for Knee Replacement	185	175	240	37.1%	208
Diagnostic Wait Times						
10	90th Percentile Wait Times for Diagnostic MRI Scan	130	82	80	-2.4%	80
11	90th Percentile Wait Times for Diagnostic CT Scan	21	25	26	4.0%	25
Excellent Care for All/Quality						
12	Readmission within 30 Days for Selected CMGs**	15.19%	14.70%	16.49% (Q2)	12.2%	15.33%
Mental Health and Substance Abuse						
13	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions**	15.30%	14.84%	16.19% (Q2)	9.1%	14.84%
14	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions**	18.40%	17.90%	21.15% (Q2)	18.2%	20.10%
Access to Community Care						
15	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)	19.00	19.00	22.00 (Q3)	15.8%	20.00

Performance Indicator Notes

1. **Percentage Alternative Level of Care (ALC) Days** - Performance is below the LHIN target. Increasing emergency volumes has resulted in an increase in inpatient admissions into hospitals. The CCAC has experienced a spike in long-term care applications increasing the number of open ALC cases. Hospitals continue to have long-stay patients who choose to wait for their long-term care facility of choice which can result in wait lists of over a year.

2. **90th percentile ER length of stay for admitted patients** – The Central West LHIN is below the local performance target for ER length of stay. ER visit volumes continue to increase at one hospital site making it the second highest volume ER in the province. This increase in volume has challanged the hospital's ability to meet length of stay targets for admitted patients. The hospital has initiated process improvement activities and focus has been placed on improving time from 'discharge order written' to time patients leaves bed.

3. **90th percentile ER length of stay for non-admitted complex patients** – The Central West LHIN's ER length of stay time for non-admitted complex patients has improved. Volume and acuity of non-admitted complex patients in the LHIN continues to increase with almost 73% of all non admitted ER visits consisting of high acuity patients, which is significantly higher than the provincial average of 59.7%. The Cardiac Assessment Zone (CAZ) and Pediatric Assessment Zone (PAZ) continue to work well with 90% of patients treated within the 8 hour target.

4. **90th percentile ER length of stay for non-admitted minor/uncomplicated patients** – The Central West LHIN continues to show improvement in this area. The Central West LHIN is amongst the top three performing LHINs in the Province for this indicator. The ER visit volume of low acuity patients continues to decrease in the Central West LHIN as a result of more community services such as the expansion of Urgent Care Centre hours, the See n' Treat model and the Paediatric Assessment Zone (PAZ) that provides specialized care for paediatric patients in the ER at both hospital sites with 90% of patients treated within target.

5. **90th percentile wait times for cancer surgery** - The Central West LHIN has performed better than the LHIN target of 57 days for cancer surgery wait times. Improvement in performance is attributed to hospital surgeons creating capacity in their elective lists and the increased the utilization of Operating Room (OR) blocks. Performance improvements can be attributed to changes in how the data is reported. Feedback on wait time performance is also being provided to surgeons with the aim of improving performance by directing attention to wait times and associated targets.

6. **Cardiac by - pass** N/A

7. **90th percentile wait times for cataract surgery** - Performance is below the LHIN target of 90 days. Hospital wait lists are increasing, exceeding the capacity to perform additional surgeries and impacting wait times. The Central West LHIN continues to be proactive in monitoring open and closed wait lists to ensure improved access to surgery.

8. **90th percentile wait times for hip replacement** - Performance is below the LHIN target of 171 days. Wait times are attributed to patient preference at hospitals. Additional OR time has been allocated and the adoption of a two room model allows surgeons to transition between the rooms. An additional resource will coordinate with the surgeons' offices while the hospital continues to monitor performance.

9. **90th percentile wait times for knee replacement** - Performance is below the LHIN target of 175 days. Wait times can be attributed to patient preference and high volumes. Surgeons have been allocated additional OR times and the adoption of a two room model to allow surgeons to transition quickly between surgeries. A dedicated full time person is assigned to coordinate surgeries.

10. **90th percentile wait times for diagnostic MRI scan** - Performance is better than the target of 80 days. Hospitals have been participating in the MRI Process Improvement (MRI PIP) which has been a key factor in the sustained and steady improvements in wait time performance. An automated booking system has created additional capacity for patients on wait lists by reducing the number of 'no shows'.

11. **90th percentile wait times for diagnostic CT scan** - Performance is aligned at the target of 25 days. Osler has experienced a decline in performance due to staff shortages and high volumes. Internal changes and hiring of new staff have been implemented to improve performance.

12. **Readmission within 30 days for selected CMGs** – Performance is below the LHIN target. The Central West LHIN is reviewing readmission rates and has adopted resources to assist patients with their care after they leave the hospital. It is expected that the primary care lead will help advance health system integration and quality improvement, such as improving access to services and chronic disease prevention and management. A key component of this work will focus on reducing 30 day hospital readmissions and ER/ALC pressures.

13. **Repeat unscheduled emergency visits within 30 days for mental health conditions** - Performance is aligned to the LHIN target of 14.84%. A transitional care worker has been posted in the emergency department at one hospital, five days per week to triage presentations to the emergency department, facilitate transfer to another hospital and provide out-patient follow-up and community integration post-discharge under the arrangement between the two hospitals. Concurrent Disorders Specialized Support Service Workers are sited at hospital sites to better connect high risk patients to transitional supports in the community and reduce utilization of the emergency department.

14. **Repeat unscheduled emergency visits within 30 days for substance abuse conditions** - Performance is below the LHIN target of 17%. A transitional care worker has been posted in the emergency department at one hospital, five days per week to triage presentations to the emergency department, facilitate transfer to another hospital and provide out-patient follow-up and community integration post-discharge under the arrangement between the hospitals. The

Central West LHIN is currently reviewing the findings and recommendations which analyzed revisits to identify opportunities for improvement.

15. **90th percentile wait time for CCAC in-home services - Application from community setting to first CCAC service (excluding case management)** - Wait times are currently higher than the LHIN target of 19 days although the Central West LHIN is performing better then the provincial average of 34 days. Long wait times for in-home CCAC services is due to the higher number of referrals and number of complex-needs clients. The Central West CCAC has experienced an increase in referrals at both Intake/Access sites and continues to partner with the hospital and community support services around resourcing, redirecting of low intensity clients, prioritizing referrals and discharge process to manage the increased volumes.

Integration of Services

One of the key roles of the Central West LHIN is to improve integration among Health Service Providers (HSPs). When HSPs work in collaboration with one another, the patient journey is improved from one provider to the next and the right care is available at the right place and the right time.

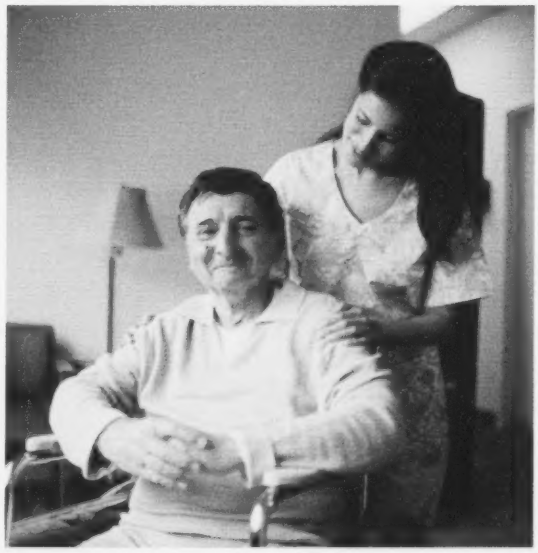
Continuing to work with HSPs on integration is ongoing at the LHIN. In 2011-2012, integration activities include the following:

Behavioural Supports Ontario (BSO)

The Behavioural Supports Ontario (BSO) project was created to enhance services for elderly people with complex behaviours due to dementia, mental health or other neurological conditions. BSO provides services to seniors at home, in long-term care or wherever they live through specialized health care professionals that understand complex behaviours.

The Central West LHIN's Action Plan recommended the hiring of specialized staff to provide care for patients. As a result, new positions were created to develop a network of BSO professionals to work together, share best practices and streamline services to care for seniors with complex behaviours. These include:

- Four new Psychogeriatric Resource Consultants (PRC) in the community.
- 21 new Behaviour Champions hired in Long-Term Care facilities.
- A BSO Network Coordinator hired by the Central West CCAC will improve the navigation of the system for seniors and their caregivers.



Centre for Complex Diabetes Care

In May 2011, the Centre for Complex Diabetes Care was opened at William Osler Health System. The Central West LHIN worked closely with William Osler to develop a business case to the Ministry of Health and Long Term Care for the creation of this Centre. The business case included the recommendation to bring together health care professionals to provide a single point of access for people with diabetes.

The CCDC is made up of a team of medical specialists, case managers, nurses, nurse practitioners, social workers, chiropodists and administrative support. The team works together to manage the complex needs that often occur as a result of living with diabetes.

Community Care Information Management (CCIM)

The Community Care Information Management (CCIM IAR) Integrated Assessment Record project supports Health Service Providers to securely share and access personal health information electronically and by client consent. By sharing client information, Health Services Providers can view the patient as a whole, providing more seamless and integrated, community-based care.

Community Services Provider Portal (CSP)

In January 2012, the Central West LHIN in collaboration with the Mississauga Halton LHIN launched the Community Services Provider Portal, a secure, online, web-accessible workspace for use by all LHIN-funded health service providers (HSPs) in the Central West LHIN and Mississauga Halton LHIN.

The portal will make it easier for community-based Health Service Providers (HSPs) to share information in order to collaborate on the provision of health care services to their clients. It will also provide HSPs with an opportunity to work more collaboratively in delivering various projects across sectors and LHINs. Community service providers with internet connectivity can easily access resources and collaborate with other participating organizations and providers on the portal.

Health and Care Centres

Two Health and Care Centres are being developed in Bolton and Shelburne to improve local access to a broad range of community-based health care services for residents.

In Shelburne, the Health and Care Centre is located at the Mel Lloyd Centre and provides access to specialists via OTN (Ontario Telemedicine Network) as well as specialist clinics that include obstetrics, gynecology, internal medicine and general surgery with the opportunity over time to expand the type of specialties.

In Bolton, the Caldeon Work Group is developing an array of services to provide local residents with improved access to health services.

Mental Health and Addictions System Integration Project

The Central West LHIN in partnership with several Health Service Providers has developed a systems integration project to guide smooth transitions for youths and young adults with mental illness. Transitions between services in the three-year child and youth mental health strategy, existing mental health supports programs and services in the community through schools and hospitals will become more seamless under this integration project.

By leveraging existing Health Service Provider networks and cross-sector relationships, the project has brought together a group of child and youth and adult agencies with experience including in health, social services, justice, crisis, and developmental services. Their purpose is to develop procedures, mechanisms, and tools that will enable providers to better support youths and young adults as they move from youth to adult mental health programs.

Renal Unit in Etobicoke

Planning for a comprehensive Renal Unit is underway at the Etobicoke General Hospital through a voluntary integration initiative between William Osler Health System and Humber River Regional Hospital.

The two hospital model will provide Chronic Kidney Disease (CKD) services for residents living in north Etobicoke and surrounding areas. Comprehensive services include pre-dialysis clinics, a home dialysis program including training and hemodialysis services. Care will be delivered through a multidisciplinary team approach and referral process.

Report on Key Priorities

Aboriginal Health

There is a smaller Aboriginal population in the Central West LHIN (0.6%) compared to the province (2.0%) - the number of Aboriginal residents in the LHIN being 5,890 (2006 Census). There are no reserves in the LHIN.

Members of the Aboriginal community currently seek health and social services through mainstream providers or travel to Toronto to seek culturally-sensitive services through Anishnawbe Health.

Three meetings related to Aboriginal health planning were held in May and June 2011 and attended by the Central West LHIN.

Aging at Home

The Aging at Home strategy is a Provincial initiative that allows seniors to stay healthy, live independently and with dignity in their own homes for as long as possible. In 2011/12 the Central West LHIN continued to support several programs to provide care and services for seniors from accumulated funding from 2010/2011 in the amount of $254, 002.

These funds were allocated to support the new Assisted Living Services for High Risk Seniors Policy. In a partnership between CANES and Peel Senior Link, the development of supportive housing located in Brampton is being established. The program will expand on existing services and provide for an additional 15 clients who will be supported in their home with case coordination, personal support and home help.

> "The Central West CCAC has been a wonderful resource for us. Without the extra care that we are getting from the CCAC, Dad would not been able to be here [in his retirement home]. I firmly believe that he would have had to go to long-term care because of his mobility and hygiene issues. If it wasn't for getting that extra support, things would be different for all of us. CCAC is wonderful!"
>
> - Marg Boughen, daughter of a Central West CCAC client

Diversity and Health Equity

The Central West LHIN has the most diverse population of all the LHINs in Ontario.

Understanding the needs of these diverse communities is a key strategy for the Central West LHIN. By working with local Health Service Providers, the LHIN is improving culturally competent health services while working to reduce health disparities.

In 2011, the Central West LHIN developed a Health Equity environmental scan questionnaire that was completed by Health Service Providers. The questionnaire helped organizations identify policies and processes associated with health equity and will be instrumental in developing health equity plans at each health service provider. The results from the scan informed the priorities of the Diversity and Health Equity Core Action Group moving forward.

On January 27, 2012, the Central West LHIN hosted a Diversity and Health Equity Forum to increase awareness about health equity issues in communities served by LHIN. The Forum also educated providers about increasing access to services for marginalized populations. In addition, the event was a good opportunity to seek input into the LHIN's draft Diversity and Health Equity priorities stemming from the recent Health Equity Environmental Scan and the advice of the Diversity and Equity Core Action Group.

ER/ALC

Decreasing emergency room (ER) wait times is a key priority for the Central West LHIN. Long waits for patients in emergency rooms require a systems approach involving hospitals and community service providers.

The Central West LHIN invested $1.7 million to support specific investments to improve access to the right care for ALC patients. $352,193 was allocated to Headwaters Health Care Centre received for an Assess and Restore Unit and Osler received one time funding of $707,253 for Assess and Restore Services.

In continuing to work with hospitals, the Central West Community Care Access Centre (CCAC), physicians other health care providers and community partners, the LHIN will ensure that patients with conditions that are not life threatening, could be looked after outside the hospital with appropriate services available to them.

ER Wait Times

The Central West LHIN has already achieved the provincial target of 8 hours for the length of time all high acuity (seriously ill) patients spend in the emergency department. Patient visits continue to increase which means the Central West LHIN is able to see more high acuity patients with less wait time.

Non-admitted, high acuity patients

8.7 hours in 2010/11 to 7.9 hours 2011/12
An improvement of 30 minutes

Number of patient visits
2010/11 – 14,671
2011/12 – 18,702

Wait times for low acuity (less urgent) patients continues to decrease. Patient visits are decreasing which means that more services are available in the community for less ill patients, which frees up the ER for high acuity patients

Non-admitted, low acuity patients

4.2 hours in 2010/11 to 3.8 hours in 2011/12
An improvement of 40 minutes

Number of patient visits
2010/2011 – 57,707
2011/12 – 53, 084

ER Performance Investments

Pay for Results: All hospitals in the Central West LHIN are included in the Emergency Department Pay for Results Program. Under this program, hospitals are working towards an overall 10% improvement for performance indicators that were above the provincial target in 2010/11 and a 5% improvement in performance indicators that meet or were below the provincial target in 2010/11.

Nurse-Led Long-Term Care Outreach Teams: These teams provide additional support to long-term care homes so that residents have access to timely, high quality care within their homes and to minimize avoidable resident transfers to ERs and hospitals admissions.

Community ALC Investments

Home First: This initiative was implemented by the Central West CCAC throughout the LHIN to facilitate discharge of clients home when they might otherwise remain in hospital and/or be placed in long-term care, and prevent unnecessary readmissions. Special funding of $1,222,400 was provided to the CCAC to build upon Home First services offered within the Central West LHIN.

Assisted Living Services for Frail Elderly: Three Assisted Living programs located in Bolton, Brampton and Etobicoke will provide assisted living in supportive housing to high needs seniors. These services will open additional community capacity to avoid premature entry into long-term care or frequent ER visits.

Clinical Outreach to the Elderly: This initiative aims to prevent deteriorating health conditions of the elderly who are living in their homes or assisted living facilities. Nurse practitioners will actively identify and treat higher needs clients to avoid acute events.

Telehomecare: Through this initiative, patients can be monitored at home through a telemonitoring service instead of having to be admitted to the hospital ER. This program can help reduce unwarranted use of emergency departments and walk-in clinics.

CANES Assisted Living Service in Brampton: This program will expand on existing assisted living services for residents of Brampton. It will provide for an additional 15 clients who will be supported in their homes with case coordination, personal support and home help.

Hospital Investments

Headwaters Health Care Centre Assess and Restore Services: This initiative includes the enhancement of services in 16 beds, offering comprehensive programming to improve seniors' functional abilities through intensive rehabilitation.

Brampton Assess and Restore Services: This initiative will provide resources for enhanced rehabilitative/restorative services to new beds at Brampton Civic Hospital. This enhancement will offer short term assess and restore services to allow frail seniors to return home and avoid becoming ALC patients.

Targeted Process Improvement Plans

Hospitals are looking at how to assess, treat and admit patients faster to ensure the best care is available to anyone who needs acute services.

Patient Flow Improvement Project: The purpose of this project is to enhance patient flow from admission into the ER through to discharge, with a goal to reduce the ALC rate.

ED Performance Improvement Plan: The purpose of this program is to review hospital processes and identify opportunities for improvement to reduce ER length of stay. William Osler Health System and Headwaters Health Care Centre are focused on improving patient flow.

French Language Services

In alignment with the Local Health System Integration Act (LHSIA, 2006) and the French Language Services Act (FLSA, 1989), the Central West LHIN is committed to health system transformation that improves access to health care services to meet the needs of Francophones. Offering French language health services is not only a question of meeting legislative obligations, but about improving population health.

In March of 2011, the Central West, Mississauga Halton and Toronto Central LHINs signed a funding and accountability agreement and developed a joint annual action plan with the new government-appointed French Language Health Planning Entity known as Reflet Salvéo. The organization will be engaged by the three LHINs to determine:

- methods of engaging the Francophone community
- the health needs and priorities of the Francophone community in the LHINs
- the health services available to the Francophone community
- the identification and designation of Health Service Providers
- strategies to improve the access, accessibility and integration of French language health services
- methods to plan and integrate health services in the area.

Identified Organizations

In October 2011, the Board of Directors of the Central West LHIN formally identified William Osler Health System for French Language Services, increasing the number of identified service providers in the LHIN from 3 to 4.

This decision was based on the fact that Osler serves the LHIN's 3 designated areas, that it is the largest Health Service Provider in the LHIN, and that its hospitals are among the most frequently used by Francophones in the Central West and Mississauga Halton LHINs. It was

also based on the fact that hospital services in French were identified as the topmost priority by respondents in the FLS Study mentioned above.

The LHIN continues to work with the 4 identified Health Service Providers to develop and monitor the implementation of their annual French Language Services Implementation Plans:

- Canadian Mental Health Association (CMHA) – Peel
- Central West Community Care Access Centre (CCAC)
- Supportive Housing in Peel (SHIP)
- William Osler Health System

2012 brings primary health care in French for Central West LHIN residents of Brampton and Malton. These services will be offered by the new *Équipe de santé familiale de Credit Valley* (bilingual Family Health Team), located in Mississauga Halton LHIN

Mental Health and Addictions

The Central West LHIN is supporting the local implementation of the provincial 10-year Mental Health and Addictions Strategy.

Currently, the Central West LHIN is home to 8 mental health and addictions service programs.

In 2011, new funding of $140,000 was provided to the Canadian Mental Health Association/Peel Branch (CMHA/ Peel) and $95,000 to Supportive Housing in Peel (SHIP) to expand Early Psychosis Intervention Programs.

"Lots of people suffer from some form of mental illness and are unable to fit into society," says Jason Dulac, Board Chair for Friends and Advocates. "Friends and Advocates helps you get back into the community because you can't get better on your own."

- ***Friends and Advocates Peel, one of the community programs funded by the Central West LHIN. Jason is also a former client.***

This funding will support mental health services such as assessment, crisis plan development, treatment and appropriate referral, psychosocial supports, life skills teaching, and vocational supports. There will be a focus on high risk youth aged 16 to 24 who show early signs of potential mental illness and are not currently involved in the mental health system. Special attention will be given to ensuring culturally competent services that meet the needs of youth within diverse communities with Malton as a priority.

More access to psychiatric expertise is becoming available to the community through the increase in psychiatric sessionals to mental health and addiction service providers. Now, mental health and addiction workers will have better psychiatric information and training that will benefit their clients.

Support and resources were also provided to CMHA/Peel to improve the connections across mental health services for youth and young adults as they transition from services funded by the

Ministry of Child and Youth Services to services funded by the Ministry of Health and Long-Term Care. Often these transfers from the children's system to the adult system can be difficult for young adults and their families. CMHA/Peel will also receive funding to expand the local Human Services and Justice Coordinating Committee into Dufferin County.

The Consumer/Survivor Network was expanded to enhance the connection between the LHIN and persons with lived experience. Additional support was allocated to the Network to deepen its activity. Locally, this will help to ensure the consumer perspective is more entrenched in planning decisions and initiatives. The expansion also allows for the Network to take on a leadership role in education about the value of peer support and in creating a community of practice for peer support practitioners.

Primary Care

Primary care is the gateway to the health care system where residents enter through contact with a family physician, nurse, nurse practitioner or another health care provider.

In August 2011, the Central West LHIN launched the Health and Care Centre in Shelburne. The Centre is located at the Mel Lloyd Centre, and the new services include:

- Specialist clinics that include obstetrics/gynecology, internal medicine and general surgery.
- The Ontario Telemedicine Network (OTN) connection that allows patients and providers to connect with health services providers across the province.
- The development of a Nurse Practitioner service located at the Mel Lloyd Centre to provide additional services to the community.

In addition, work to establish a Health and Care Centre in Bolton is currently underway. It will coordinate local health care services and improve access to primary care for the residents in Bolton and the surrounding areas.

February 2012, under the guidance of the Ministry of Health and Long Term Care, the LHIN appointed a new Primary Care Lead. In his role, Dr. Martino will work towards improving patient care and providing better value for health care dollars by focusing on the following priorities:

- Working to improve access to care for residents.
- Bridging the gap between transitions from one Health Service Provider to the next.
- Ensuring effective use of the Emergency Department by working to provide more health services in the community.
- Engaging physicians to work more closely with the LHIN and Health Service Providers.

- Facilitating the adoption of quality care initiatives and best practices in primary care.
- Supporting the development of more Family Health Teams.
- Working towards the reduction of duplication through electronic health records.

The Central West LHIN continues to improve access to primary care through:

- Two Community Health Care Centres (CHC):
    - Rexdale CHC with two satellite locations – An interim site for Jamestown is open, and planning for the Kipling/Dixon interim satellite is in progress. Planning for permanent sites for both satellites is under development.
    - The interim site for the Malton satellite of the Bramalea CHC is currently in progress.

Financial statements of

Central West Local Health Integration Network

March 31, 2012

Central West Local Health Integration Network

March 31, 2012

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Independent Auditor's Report

To the Members of the Board of Directors of the
Central West Local Health Integration Network

We have audited the accompanying financial statements of Central West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2012, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Member de / Member of Deloitte Touche Tohmatsu Limited

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Central West Local Health Integration network as at March 31, 2012 and the results of its financial activities, changes in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 23, 2012

Central West Local Health Integration Network

Statement of financial position
as at March 31, 2012

	2012	2011
	$	$
Financial assets		
Cash	**682,145**	977,784
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") - Health Service Providers ("HSP")	**969,400**	857,535
Other	**112,881**	95,258
	1,764,426	1,930,577
Liabilities		
Accounts payable and accrued liabilities	**382,700**	461,931
Due to MOHLTC and eHealth Ontario (Note 3b and 3c)	**436,291**	641,291
Due to HSP	**969,400**	857,535
Due to the LHIN Shared Services Office (Note 4)	**1,056**	8,469
Deferred capital contributions (Note 5)	**145,133**	188,537
	1,934,580	2,157,763
Commitments (Note 6)		
Net debt	**(170,154)**	(227,186)
Non-financial assets		
Prepaid expenses	**25,021**	38,649
Capital assets (Note 7)	**145,133**	188,537
	170,154	227,186
Accumulated surplus	**-**	-

Approved by the Board

_____ Director

_____ Director

Central West Local Health Integration Network

Statement of financial activities
year ended March 31, 2012

	Budget (Unaudited - Note 8)	2012 Actual	2011 Actual
	$	$	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9a)	749,300,340	809,798,292	759,377,113
Health Infrastructure Renewal Fund (HIRF) (Note 9b)	-	-	1,020,195
Operations of LHIN	4,401,928	4,362,188	4,234,790
eHealth (Note 10a)	-	400,000	600,000
eHealth Infrastructure Blueprint (Note 10b)	-	-	175,000
eHealth Privacy (Note 10b)	-	-	157,000
eHealth Oversight Development (Note 10b)	-	-	50,000
French Language Services (Note 10c)	106,000	106,000	64,762
ER/ALC Performance Lead (Note 10d)	-	100,000	100,000
Emergency Department Lead (Note 10e)	-	75,000	75,000
Aboriginal Health (Note 10f)	7,500	7,500	7,500
Behavioural Support Planning (Note 10g)	-	57,000	-
Primary Care Lead (Note 10h)	-	18,750	-
Critical Care Lead (Note 10i)	-	75,000	75,000
Amortization of deferred capital contributions (Note 5)	-	50,184	63,622
	753,815,768	815,049,914	765,999,982
Funding repayable to the MOHLTC (Note 3a)	-	(436,291)	(641,291)
	753,815,768	814,613,623	765,358,691
Expenses			
Transfer payments to HSPs (Note 9a)	749,300,340	809,798,292	759,377,113
Transfer payments to HSPs (HIRF) (Note 9b)	-	-	1,020,195
General and administrative (Note 11)	4,401,928	4,208,913	4,173,327
eHealth (Note 10a)	-	252,925	394,063
eHealth Physician-Patient Portal (Note 10b)	-	-	45,448
eHealth Privacy (Note 10b)	-	-	34,122
French Language Services (Note 10c)	106,000	89,632	64,762
ER/ALC Performance Lead (Note 10d)	-	89,192	100,000
Emergency Department Lead (Note 10e)	-	72,788	70,161
Aboriginal Health (Note 10f)	7,500	-	7,500
Behavioural Support Planning (Note 10g)	-	17,881	-
Primary Care Lead (Note 10h)	-	12,000	-
Critical Care Lead (Note 10i)	-	72,000	72,000
	753,815,768	814,613,623	765,358,691
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Central West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2012

	2012	2011
	$	$
Annual surplus	-	-
Acquisition of capital assets	(6,780)	(167,138)
Amortization of capital assets	50,184	63,622
Change in other non-financial assets	13,628	(20,684)
Decrease (increase) in net debt	57,032	(124,200)
Opening net debt	(227,186)	(102,986)
Closing net debt	(170,154)	(227,186)

Central West Local Health Integration Network

Statement of cash flows
year ended March 31, 2012

	2012	2011
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**(50,184)**	(63,622)
Amortization of deferred capital contributions (Note 5)	**50,184**	63,622
Changes in non-cash operating items		
(Increase) decrease in accounts receivable - MOHLTC	**(111,865)**	957,773
(Decrease) increase in due to the MOHLTC and eHealth Ontario	**(205,000)**	462,505
Increase (decrease) in due to HSP's	**111,865**	(844,272)
Increase in accounts receivable - other	**(17,623)**	(78,458)
(Decrease) increase in prepaid expenses	**13,628**	(20,684)
Decrease in accounts payable	**(79,231)**	(438,881)
(Decrease) increase in due to the LHIN Shared Services Office	**(7,413)**	7,153
	(295,639)	45,136
Capital transaction		
Acquisition of capital assets	**(6,780)**	(167,138)
Financing transaction		
Increase in deferred capital contributions (Note 5)	**6,780**	167,138
Net (decrease) increase in cash	**(295,639)**	45,136
Cash, beginning of year	**977,784**	932,648
Cash, end of year	**682,145**	977,784

1. Description of business

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Services Providers ("HSP"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2012.

The LHIN statements do not include any MOHLTC managed programs.

The LHIN is also funded by eHealth Ontario in accordance with the eHealth Ontario – LHIN Transfer Payment Agreement ("TPA"), which describes budget arrangements established by eHealth Ontario. These financial statements reflect agreed funding arrangements approved by eHealth Ontario. The LHIN cannot authorize an amount in excess of the budget allocation set by eHealth Ontario.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets, and losses in the value of assets.

2. **Significant accounting policies (continued)**

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Funding payments to HSPs in the LHIN geographic area flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2012.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. Significant accounting policies (continued)

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of financial activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC and eHealth Ontario

In accordance with the MLPA and TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC and eHealth Ontario, respectively.

a. The amount repayable to the MOHLTC and eHealth Ontario related to current year activities is made up of the following components:

	Funding Received	Eligible Expenses	2012 Excess Funding	2011 Excess Funding
	$	$	$	$
Transfer Payments to HSP's	809,798,292	809,798,292	-	-
LHIN Operations (Note 11)	4,362,188	4,158,729	203,459	125,085
Capital contribution (Note 11)	50,184	50,184	-	-
eHealth (Note 10a)	400,000	252,925	147,075	205,937
eHealth Infrastructure Blueprint (Note 10b)	-	-	-	175,000
eHealth Physician-Patient Portal (Note 10b)	-	-	-	(45,448)
eHealth Privacy (Note 10b)	-	-	-	122,878
eHealth Oversight Development (Note 10b)	-	-	-	50,000
French Language Services (Note 10c)	106,000	89,632	16,368	-
ER/ALC Performance Lead (Note 10d)	100,000	89,192	10,808	-
Emergency Department Lead (Note 10e)	75,000	72,788	2,212	4,839
Aboriginal Health (Note 10f)	7,500	-	7,500	-
Behavioural Support Planning (Note 10g)	57,000	17,881	39,119	-
Primary Care Lead (Note 10h)	18,750	12,000	6,750	-
Critical Care Lead (Note 10i)	75,000	72,000	3,000	3,000
	815,049,914	814,613,623	436,291	641,291

b. The amount due to the MOHLTC at March 31 is made up as follows:

	2012	2011
	$	$
Due to MOHLTC, beginning of year	641,291	178,786
Funding repaid to MOHLTC prior year	(641,291)	(169,882)
Adjustment to prior years initiatives and operations	-	(8,904)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	289,216	641,291
Due to MOHLTC, end of year	289,216	641,291

3. Funding repayable to the MOHLTC and eHealth Ontario (continued)

c. The amount due to eHealth Ontario at March 31 is made up as follows:

	2012	2011
	$	$
Due to eHealth Ontario, beginning of year	-	-
Funding repayable to eHealth Ontario related to current year activities (Note 3a)	147,075	-
Due to eHealth Ontario, end of year	147,075	-

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

5. Deferred capital contributions

	2012	2011
	$	$
Balance, beginning of year	188,537	85,021
Capital contributions received during the year	6,780	167,138
Amortization for the year	(50,184)	(63,622)
Balance, end of year	145,133	188,537

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment ending in 2015. Lease renewals are likely. Minimum lease payments due in each of the next three years are as follows:

	$
2013	225,779
2014	220,835
2015	92,014
	538,628

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2010. Minimum funding for HSPs related to the next two years, based on the fiscal 2011 accountability agreements, and are as follows:

	$
2013	646,533,466
2014	646,533,466

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Capital assets

	Cost	Accumulated amortization	2012 Net book value	2011 Net book value
	$	$	$	$
Office furniture and fixtures	284,229	254,385	29,844	44,410
Computer equipment	34,426	34,426	-	-
Leasehold improvements	703,568	588,279	115,289	144,127
	1,022,223	877,090	145,133	188,537

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the statement of financial activities reflect the final budget at April 30, 2011. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $809,938,616 is made up of the following:

	$
Initial HSP funding budget	749,300,340
Adjustment due to announcements made during the year	60,638,276
Total HSP funding budget	809,938,616

The $140,324 difference between the final budget of $809,938,616 and the actual expenses of $809,798,292 relates to unanticipated delays in implementation of new initiatives.

The total operating budget, excluding HSP funding, is made up of the following:

	$
Initial budget	4,401,928
In Year Surplus returned to MOHLTC	(32,960)
Aboriginal Funding	7,500
French Language Services	106,000
Adjustment due to announcements made during the year	
eHealth PMO	600,000
ER/ALC Performance Lead	100,000
ED LHIN Lead	75,000
Behavioural Support Planning	57,000
Primary Care Lead	43,750
Primary Care Lead In Year Surplus returned to MOHLTC	(25,000)
Critical Care Lead	75,000
Amount treated as capital contributions made during the year	(6,780)
Total budget	5,401,438

9. a) **Transfer payments to HSPs**

The LHIN approved transfer payments to the various sectors in 2012 as follows:

	2012	2011
	$	$
Operation of Hospitals	**516,703,101**	482,506,910
Grants to compensate for Municipal Taxation - Public Hospitals	**99,450**	99,450
Long-Term Care Homes	**148,451,157**	140,517,555
Community Care Access Centres	**89,894,131**	81,483,492
Community Support Services	**8,280,728**	8,788,645
Assisted Living Services in Supportive Housing	**6,265,236**	5,445,343
Community Health Centres	**9,933,667**	7,241,947
Community Mental Health Addictions Program	**30,170,822**	33,293,771
	809,798,292	759,377,113

b) **Health Infrastructure Renewal Fund (HIRF)**

The LHIN has authorized to allocate funding of $0 (2011 - $1,020,195) to support public hospital infrastructure renewal projects that are minor capital in nature. In 2012, HIRF was distributed through an individual agreement between the public hospital and the Ministry of Health and Long-term Care.

10. **Specific initiatives**

Separate funding amounts were received by the Central West LHIN from the MOHLTC and eHealth Ontario for specific initiatives.

a) **eHealth**

The LHIN received funding of $400,000 (2011 - $600,000) related to supporting the eHealth PMO office. eHealth expenses incurred during the year are as follows:

	2012	2011
	$	$
Salaries and benefits	**245,954**	395,846
Staff travel	**2,556**	1,784
Communication expense	**529**	2,178
Local Health HSP Getting Ready Project	**-**	50,806
Consulting	**25**	61,540
Accomodation	**3,600**	-
Staff development	**-**	6,482
Meeting expenses	**261**	427
Funding returned from William Osler Meditech project	**-**	(125,000)
	252,925	394,063

b) **eHealth Projects**

The LHIN received no funding in 2012 (2011 - $382,000) related to specific technology initiatives. There were no expenditures incurred (2011-$79,570).

10. Specific initiatives (continued)

c) French Language Services

The LHIN received base funding of $106,000 and one time funding of $Nil (2011 - $64,762, related to the French Language Services initiative. Expenses incurred during the year of $89,632 (2011 - $64,762) consist of salary and benefits of $76,847 for the French Language Coordinator and $12,785 in meeting and administration expenses.

d) ER/ALC Performance Lead

The LHIN received funding of $100,000 (2011 - $100,000) related to the ER/ALC Performance Lead initiative. ER/ALC expenses incurred during the year of $89,192 (2011 - $100,000) related to salaries and benefits.

e) Emergency Department Lead

The LHIN received funding of $75,000 (2011 - $75,000) related to the Emergency Department Lead project. Emergency Department Lead expenses of $72,788 (2011 - $70,161) consist of $72,000 (2011 - $69,000) for consulting fees and $788 (2011 - $1,161) related to development and travel expenses.

f) Aboriginal Health

The LHIN received funding of $7,500 (2011 - $7,500) related to the Aboriginal Health project. Aboriginal Health project expenses incurred during the year consist of $Nil (2011 - $7,500). Development of the community engagement strategy will resume in 2012-13.

g) Behavioural Support Planning

The LHIN received funding for Behavioural Support Planning of $ 57,000 (2011 - $Nil). Behavioural Support Planning expenses of $17,881 consist of $12,925 in salaries and $4,956 in meeting expenses.

h) Primary Care Lead

The LHIN received funding of $43,750 (2011 - $Nil) related to the Primary Care Lead project. This was reduced by the Q3 surplus forecast for a net revenue of $18,750 (funding of $43,750 less recovery of $25,000). Primary Care Lead expenses incurred during the year consist of $12,000 (2011 - $Nil) for consulting fees.

i) Critical Care Lead

The LHIN received funding of $75,000 (2011 - $75,000) related to the Critical Care Lead project. Critical Care Lead expenses incurred during the year consist of $72,000 (2011 - $72,000) for consulting fees.

11. General and administrative expenses

The statement of financial activities presents expenses by function. The following classifies these same expenses by object:

	2012	2011
	$	$
Salaries and benefits	2,643,710	2,569,791
Occupancy	255,406	224,681
Amortization	50,184	63,621
Shared services	475,025	359,495
LHIN Collaborative	26,971	50,000
2010/11 deficit adjustment	-	21,097
Consulting services	249,072	333,396
Supplies	74,857	84,971
Board Chair remuneration	60,900	77,175
Board member remuneration	78,650	69,525
Board expenses	30,690	39,457
Mail, courier and telecommunications	41,386	65,094
Other	222,062	215,024
	4,208,913	4,173,327

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 24 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2012 was $228,377 (2011 - $251,586) for current service costs and is included as an expense in the statement of financial activities. The last actuarial valuation was completed for the plan as at December 31, 2011. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.